

SCHEDULE 9
(Regulation 58(1))

Form No. 1



Fiji Government
Maritime Safety Authority of Fiji

Sea farers Medical Examination Report

PART A- TO BE COMPLETED BY APPLICANT

You should complete this section before you go for your medical examination.

You must take a suitable means of identification (passport, certificate of competency, Fiji driving license) with you to the examination.

Name

Family Name
Given name(s)

PIN (MSAF ID No.) Date of birth

Male

Female

Permanent address

Position on board vessel

- Deck officer A/B Deck Rating
- Integrated Rating* Other (e.g .Entertainer)
- Engine Room Rating* Catering*
- Engineer officer* AB Deck/AB Engine

* Denotes Hepatitis A arrangements to apply

Personal history

Are you good in health now? Yes No

Do you drink alcohol? Yes No

If yes, how much and how often?

Do you smoke tobacco? Yes No

If no, have you smoked in the past? Yes No

Have you been absent from work due to sickness or injury for more than 14 consecutive days over past two years? Yes No

If yes, give details

Have you have any surgical or chiropractic treatment?

Yes No

If yes, give details

PRIVACY NOTE

Please read carefully for information and guidance

The information contained on this form and its associated documents will be used for the purpose of assessing your medical fitness for duty at sea and for MSAF audit purposes. This information may be exchanged between your examining medical officer and your treating medical practitioner and/or any medical panel convened to assess your fitness standard for duty at sea, you and your employer will be advised of this on the Certificate of Medical Fitness.

Are you taking any medication at present?

Yes No

Do you have or have you had any eye disorder or injury?

Yes No

NOTE: If you wear glasses, corneal or contact lenses, bring them with you to the examination. CHROMAGEN LENSES MUST NOT BE WORN

Have you ever been declared unfit for duty at sea?

Yes No

If yes, state when, for how long and for what reason

Has your Certificate of Medical Fitness ever been restricted or cancelled or have you ever been declared unfit? Yes No

If yes, give details

Have you ever been signed off as sick or repatriated from a ship? Yes No

If yes, give details

Have you now, or have you previously had any of the following:

- Anxiety or depression
 - Migraine or persistent headaches
 - Epilepsy or fits
 - Poliomyelitis or other paralysis
 - Attack of unconsciousness or weakness, dizziness or turns Yes No
 - High blood pressure
 - Disease of the heart, arteries or blood vessels
 - Operation on the heart
 - Anaemia or any other disease of the blood
 - Swelling of the ankles
 - Palpitations
 - Varicose veins or abnormal bleeding
 - Rheumatic fever Yes No
-
- Disease of the liver (including jaundice or hepatitis)
 - Disease or ulcer of the stomach or duodenum
 - Recurrent abdominal pain/persistent indigestion
 - Appendicitis
 - Gall bladder disease
 - Disease of the bowels
 - Haemorrhoids (piles)
 - Hernia (rupture)
 - Recent change in weight Yes No
-
- Asthma
 - Bronchitis or emphysema
 - Tuberculosis
 - Persistent breathlessness
 - Persistent cough
 - Collapsed lung
 - Other lung disease/abnormal x-ray Yes No
-
- Infection of bladder
 - Kidney disease or kidney stone
 - Difficulty in passing urine
 - Any abnormality of the urine
 - Sexually transmitted disease Yes No
-
- Lumbago, sciatica or other back trouble
 - Any form of arthritis or stiff joints
 - Slipped discs or back or neck pain
 - Joint injuries
 - Injury of the neck or back
 - Repetitive strain injury, tennis elbow, tendonitis
 - Broken bones
 - Gout Yes No
-
- Discharge from ears or perforated eardrum
 - Ringing in the ears or disturbances of balance
 - Deafness
 - Nasal or sinus trouble
 - Persistent husky voice or frequent sore throat
 - Goitre or Thyroid disease Yes No

- Any form of cancer or unexplained lumps
 Yes No

- Diabetes Yes No

- Dermatitis/eczema/skin eruptions
- Allergy conditions including hay fever
- Any abnormality of the immune system
 Yes No

- Any allergic reaction to any serum, drug or medicine (including anaesthetic agents) and vaccines
 Yes No

- Any disease such as malaria, typhoid, amoebiasis, giardia, etc Yes No

- Severe tooth or gum trouble
- Impacted wisdom teeth Yes No

- Any obstetric or gynecological problems
 Yes No

- Are you pregnant? Yes No

Please give details of any complaint, illness or injury not previously mentioned

If yes, give details

The following should be signed in the presence of the examining medical officer

WARNING: Giving false or misleading information is a serious criminal offence and may lead to prosecution

Are you aware of ANY circumstances regarding your health which may interfere with the satisfactory discharge of the duties of your designated position/occupation? Yes No

If yes, give details

Declaration

I hereby declare that, to the best of my knowledge my personal statements are true and correct

Applicant's signature..... Date...../...../.....

Authority to divulge medical information

If, as a result of this or subsequent examinations for the purposes of assessing my medical fitness for duty at sea, the examining medical officer requires relevant medical details from my treating medical advisor(s), permission is hereby granted to obtain information from:

Dr..... Address & phone.....
(Current General Practitioner)

Dr..... Address & phone.....

Dr..... Address & phone.....

Applicant's Signature..... Date...../...../.....

Family History

(a) Has anyone in your close family or household been treated for tuberculosis (TB) in the past ten years? Yes No

(b) Do you have any family history of heart disease, arthritis, rheumatism or diabetes? Yes No

(c) Has anyone in your family ever been treated for mental illness or nervous condition? Yes No

Provide further information if any of the answers to the above is yes.....

General

(a) Do you wear glasses or corrective (contact) lenses? Yes No

(b) When did you last have a chest x-ray (year).....

(c) When did you last consult your doctor for an illness? (month and year).....

PART B- TO BE COMPLETED BY APPROVED MEDICAL EXAMINER

Medical Examiner's name Telephone number

Applicant's proof of identity

Photo driver's license
 Passport
 Other

Passport/Driving License No.

Applicant's position on board vessel

Note: Requirements regarding hepatitis, colour vision etc will depend on the applicant's position on board the vessel.

HEIGHT/WEIGHT

Height (without shoes).....metres
 Weight.....kg

Body Mass Index (BMI) = $\frac{\text{Weight in kg}}{(\text{Height in m})^2}$

VISION

Is there any visual effect of the eyes? Yes No
 The visual acuity of each eye should be tested with Snellen's Charts and the results recorded:

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields to confrontation

	Normal	Defective
Right eye		
Left eye		

Colour Vision

Colour vision need to be tested if a test has been completed within the previous 6 years.

Date of last colour vision test if **not** tested at this examination / /

Does the applicant suffer from any degree of colour blindness as determined by Ishihara plates?

Ishihara test Pass Further testing needed
 Show number of plates with errors

Lantern test Pass Fail Not required (Deck dept. only)

Farnsworth D15 Pass Fail Not required test (Engine dept. only)

SPEECH/HEARING/BALANCE

Is there any defect in speech? Yes No
 Is there any disease of the ears? Yes No
 Is there any defect in hearing? Yes No
 Romberg's test normal? Yes No

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right ear						
Left ear						

Conversation Test at 3 metres

Conversation test only required if hearing loss in the better ear is more than 40dB at 500 to 3000 Hz

	Speech
Both ears together	/10

CARDIOVASCULAR

Pulse:/min Rhythm.....

Blood Pressure reading: Systolic..... Diastolic.....

- If this reading is above 150/95 please take further readings after rest.
 Systolic..... Diastolic.....

Heart sounds/ apex beat Normal Abnormal

Is there any history or evidence of taking anti-hypertensive medication? Yes No

ECG Report (Attach report and tracing to this form)
 (Stress ECG required if clinically indicated. Baseline tracing only to be attached to this document.

Date of ECG:.....

ECG results

Stress ECG result (if clinically indicated)

Does the applicant suffer from oedema or varicose veins?
 Yes No

If yes, state severity.....

Are carotid/ peripheral pulses normal? Yes No

Are you satisfied that the cardiovascular system is clinically within normal limits?
 Yes No

If no, give reasons in full

RESPIRATORY

Trachea Midline Abnormal

Chest expansion cm Abnormal

Breath sounds Normal Abnormal

Spirometry

	Actual	Predicted	% Predicted
FEV ₁			
FVC			
FEV ₁ /FVC			

Spirometry FEV₁ < 65% requires further review

FVC < 70% requires review

FEV₁/FVC < 70% requires review

Chest X-ray report Normal Abnormal
 (chest x-rays are required for pre-sea medicals or if clinically indicated.)

Date.....

(Attach report to this form)

If, after examination you are not satisfied with the clinical condition and efficiency of the respiratory system and chest give reasons

If no, give reasons in full

MOUTH / TEETH

Is there any disease or abnormality of the mouth, throat or neck? Yes No

Are there any defects in teeth? Yes No

Is there any disease of the nose or sinuses? Yes No

Details of any abnormalities

GASTROINTESTINAL / RENAL

Is there any disease or abnormality of the abdominal organs? Yes No

If yes, give details

Is there any hernia present? Yes No

Is the liver enlarge? Yes No

Urine dipstick results Glucose Normal Abnormal

Protein Normal Abnormal

Blood Normal Abnormal

Other.....

Hepatitis A, previously vaccinated? Yes No

If yes, date of last vaccination / /

If no, results of blood test Antibody positive

Antibody negative

Hepatitis A vaccine Given Not given

Hepatitis arrangements apply to applicants who have a position on board marked with an * on the front page of this form.

NEUROLOGICAL / PSYCHIATRIC

Is there any evidence of organic disease of the brain, spinal cord or nerves? Yes No

Is there any evidence of mental or nervous disorder including psychoses? Yes No

Is there any evidence suggestive of anxiety, panic disorder or personality disorder? Yes No

MUSCULOSKELETAL

Does the applicant have normal use of the legs and arms? Yes No

Are there any missing limbs or digits? Yes No

Is gait normal? Yes No

Are the bones and joints free of any defects? Yes No

Are joint movements in normal range and pain free? Yes No

Any restriction or pain in movement of spine? Yes No

SKIN / LYMPH NODES

Is there any skin disease, including solar keratosis, BCCs, eczema etc? Yes No

Are there any significant scars, ulcers, or enlarged lymph nodes? Yes No

Are there any skin grafts? Yes No

Are there any identifying marks on the skin? Yes No

Medical Examiner of Seamen's signature Date

ATTACH ALL TEST DOCUMENTS TO THIS REPORT

- **CHEST X-RAY REPORT**
(for pre-sea medicals or if clinically indicated)
- **ECG TRACING**(for applicants aged 55 years or more and/or if clinically indicated)
- **ECG REPORT**
(confirmed automatic machine report, or report by FRACGP or appropriate specialist)
- **STRESS ECG**
(if clinically indicated)
- **AUDIOGRAM REPORT**
(if clinically indicated)

A copy of this report is to be forwarded by the Medical Inspector of Seamen to MSAF after the examination is completed. The Medical Inspector of Seamen should retain a copy for record purposes. A copy may be given to the applicant for his/her records.

Sea farers Certificate of Medical Fitness



Fiji Government

Maritime Safety Authority of Fiji

Family name	Given name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female	PIN (MSAF ID No.)
Permanent address			

Proof of identity

Fiji driver's license
 Passport
 Other (specify)

I have evaluated the above-named applicant according to the Marine Orders, Part 9 made under the Navigation Act 1912. On the basis of the applicant's personal declaration, the clinical examination and diagnostic test results recorded on the Medical Examination Report I declare:

The applicant is not suffering from any disease likely to be aggravated by, or to render him/her unfit for, service at sea or likely to endanger the health of other person on board, and is:

(Recognised Medical Practitioners are to tick ONE box only)

- Fit Unfit⁺ Deck Officer
- Fit Unfit⁺ Engineer Officer*
- Fit Unfit⁺ Catering*
- Fit Unfit⁺ Integrated Rating*
- Fit Unfit⁺ Deck Rating
- Fit Unfit⁺ Engine Room Rating*
- Fit Unfit⁺ AB Deck/ AB Engine
- Fit Unfit⁺ Other (e.g. Entertainer)

⁺ If found unfit, please provide details and action taken (e.g referral or any practical tests required before fitness can be certified). If deemed fit for multiple departments, please notate here.

*** Denotes Hepatitis A arrangements apply**

- Hepatitis A vaccine given

Yes No

If No, state reason.

The applicant used aids for vision

Yes No

Colour vision test completed

Yes No

Colour blind

Yes No

The applicant used aids for hearing

Yes No

Describe any restriction (e.g. specific position, type of ship, trade area).

List any prescribed medications taken regularly

Date of birth

/ /
Day Month Year

Period of review

Under 18/over 55-1 year
 18 to 55-2 years
 Other*

* If required period of review is less than standard, state reason.

Date of examination

/ /
Day Month Year

Place of examination

Certificate of expiry date

/ /
Day Month Year

Name of Medical Examiner of Seamen

Signature of Medical Examiner of Seamen

Official Stamp of
Medical Examiner of Seamen
(please stamp all copies)

Distribution of copies: Applicant, MSAF Administration, Medical Examiner of Seafarer

I acknowledge that I have been advised on the content of the Medical Examination Report and that in the event of a change in my medical status, the validity of this medical certificate should be reviewed by a Medical Inspector of Seamen.

Applicant's Signature



Fiji Government
Maritime Safety Authority of Fiji

Medical Examination Request Form

TO:

* Delete as appropriate

Please carry out a pre-sea/periodic/other* health assessment of

For the position of

The medical examination forms should be kept in your confidential files in accordance with normal medical practice. Your account should be forwarded to:

Work Environment

For examining doctor's information

Work at sea may require physical effort within the limits set by applicable international health and safety legislation and awards. This may include exposure to:

- Noisy work environment
- Communication by radio
- Handling solvents, oils, grease or paint
- Manual work e.g. lifting, pulling, reaching, shoveling
- Prolonged sitting/standing
- Hot environment/cold environment
- Working at heights up to 30 metres
- Climbing on vessels and ships small craft
- Climbing ladders (rope and steel rung)
- Working in confined spaces
- Close eye work
 - reading charts, diagrams, safety instructions, manuals
 - using a computer
- Colour vision to identify navigation lights, coloured wires
- Operating ships, small vessels, cranes, forklifts, hoists
- Operating hantools and powered tools e.g. rattlegun, airhammer.
- Work in areas remote from medical care

See also the relevant job task analyses which are in the *Guidelines for the medical practitioner as specified in schedule 8 of the Maritime (STCW Convention) Regulations 2014.*

If in your opinion the applicant is generally fit for employment but you believe his/her employment should be restricted in relation to any of these activities this should be indicated on the *Certificate of Medical Fitness*.

Please note that the following tests will be required for each job group.

- Audiogram** All ship's crew if clinically indicated
- Spirometry** All ship's crew if clinically indicated
- Resting ECG** All ship's crew 55 years age and over
Stress ECG: if clinically indicated
- Chest x- Ray** Divers
New entrants i.e. pre-sea
- Vision Screening** All ship's crew

